CLIENT INTAKE & PARTICIPATION PACKET

PERSONAL TRAINING | SEMI-PRIVATE TRAINING | SMALL GROUP TRAINING

Welcome to The Workshop.

This packet helps us understand your background, health considerations, training goals, and the policies that apply to your participation.

Client Name: _____

Date: _____

SECTION I - CLIENT INTAKE

CLIENT INFORMATION ONLY

1. Client Profile

Please tell us a little about yourself so we can communicate effectively and understand the context you bring to training.

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Home Address: _____

City / State / ZIP: _____

Preferred Contact

☐ Text ☐ Phone ☐ Email

Occupation: _____

Typical Workday

☐ Mostly seated
☐ Mix of sitting and standing
☐ Mostly standing / walking
☐ Physically demanding
☐ Varies considerably

Anything about your work that affects your body or ability to exercise?

_____

_____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Getting to Know You

How did you hear about The Workshop?

_____

Which type of training are you interested in?

☐ Personal Training
☐ Semi-Private Training
☐ Small Group Training
☐ Not sure yet

What made you decide to start training now?

_____

_____

2. Health & Training Readiness

This questionnaire helps your coach identify health considerations that may affect exercise. It does not replace medical evaluation, diagnosis, treatment, or advice from a qualified healthcare professional.

Current Health

How would you describe your overall health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Are you currently being treated for an illness, injury, or other health condition? ☐ No ☐ Yes

If yes, please describe:

_____

_____

Have you had a significant surgery, hospitalization, or medical procedure that could be relevant to exercise? ☐ No ☐ Yes

If yes, what and approximately when?

_____

_____

Are you currently pregnant or have you recently given birth? ☐ No ☐ Yes ☐ Prefer not to answer ☐ Not applicable

If yes, is there anything your coach should know regarding exercise?

_____

Heart & Circulatory Health

Have you ever been diagnosed with, treated for, or told by a healthcare professional that you have any of the following?

☐ High blood pressure
☐ High cholesterol
☐ Heart disease
☐ Heart attack
☐ Irregular heartbeat / arrhythmia
☐ Stroke / TIA
☐ Circulatory or vascular disease
☐ Other cardiovascular condition
☐ None of the above

Relevant details:

_____

_____

Does a close family member have a history of cardiovascular disease, particularly at an early age? ☐ No ☐ Yes ☐ Unsure

During activity, have you experienced any of the following?

☐ Chest pain / pressure
☐ Unusual shortness of breath
☐ Dizziness or fainting
☐ Unexplained heart palpitations
☐ None of the above

Please explain anything checked:

_____

_____

Other Health Considerations

Have you been diagnosed with or are you currently managing:

☐ Diabetes or blood-sugar disorder
☐ Kidney condition
☐ Asthma
☐ Neurological condition
☐ Cancer / current cancer treatment
☐ None of the above
☐ Thyroid condition
☐ Liver condition
☐ Other respiratory / lung condition
☐ Osteoporosis / osteopenia
☐ Other condition relevant to exercise

Details or exercise considerations:

_____

_____

Medications

Are you currently taking medications that may affect your exercise response, balance, heart rate, blood pressure, energy level, or recovery? ☐ No ☐ Yes ☐ Unsure

If yes, please list anything your coach should be aware of:

_____

_____

Injuries, Joints & Movement

Do you currently have - or have you previously had - a significant issue involving any of these areas?

☐ Neck
☐ Elbow
☐ Upper back
☐ Hip
☐ Ankle / foot
☐ None
☐ Shoulder
☐ Wrist / hand
☐ Lower back
☐ Knee
☐ Other

Have you experienced any of the following?

☐ Arthritis
☐ Broken bone / fracture
☐ Disc / back problem
☐ Chronic or recurring pain
☐ None of the above
☐ Joint replacement
☐ Tendon or ligament injury
☐ Significant sprain / strain
☐ Balance or stability problems

Please describe anything checked, including what tends to aggravate or improve it:

_____

_____

_____

_____

_____

Are there movements or activities you currently avoid because of pain, discomfort, weakness, instability, or concern about an old injury?

_____

_____

Are you currently seeing a physical therapist, chiropractor, physician, or other healthcare professional for a musculoskeletal issue? ☐ No ☐ Yes

If yes, what are you currently working on?

_____

_____

Has a healthcare professional given you any exercise restrictions or recommendations? ☐ No ☐ Yes

If yes:

_____

_____

Additional Safety Questions

☐ Persistent or recurring pain
☐ Frequent dizziness
☐ Unexplained shortness of breath
☐ None of the above
☐ Unusual fatigue that affects activity
☐ Difficulty with balance
☐ Falls or near-falls

Anything else about your health, medical history, or physical abilities that would help us coach you appropriately?

_____

_____

_____

3. Training, Lifestyle & Goals

Training Background

Which best describes you right now?

☐ I don't currently exercise regularly
☐ I'm getting back into exercise after time away
☐ I'm somewhat active but inconsistent
☐ I exercise regularly
☐ I currently follow a structured training program

What physical activity are you currently doing in a typical week?

Strength training: _____ days/week

Cardio: _____ days/week

Walking / recreation / sports: _____ days/week

Other: _____

Have you strength trained before?

☐ Never
☐ A little
☐ Yes, but it's been a while
☐ Yes, regularly

What kinds of exercise have you enjoyed in the past?

_____

_____

What kinds of exercise have you not enjoyed?

_____

_____

What Are We Training For?

What is your primary health, fitness, or performance goal?

_____

_____

_____

Are there any additional goals you'd like us to work toward?

_____

_____

Why are these goals important to you?

_____

_____

_____

Are there specific activities, hobbies, trips, events, or physical tasks you'd like your training to prepare you for?

_____

_____

What, if anything, has gotten in the way of reaching these goals in the past?

_____

_____

What do you think would help you be successful this time?

_____

_____

Consistency & Lifestyle

Realistically, how many days per week can you commit to intentional exercise?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

How much time can you typically dedicate to a workout?

☐ Under 30 minutes ☐ 30-45 minutes
☐ 45-60 minutes ☐ 60+ minutes

On average, how many hours do you sleep per night?

☐ Under 5 ☐ 5-6 ☐ 6-7 ☐ 7-8 ☐ 8+

How would you describe your current stress level?

☐ Low ☐ Moderate ☐ High ☐ Very high

How would you describe your energy on a typical day?

☐ Low ☐ Variable ☐ Good ☐ Excellent

Is there anything about your schedule, sleep, stress, travel, family responsibilities, or lifestyle that we should consider when planning your training?

_____

_____

_____

Coaching Preferences

What do you most want from your coach?

☐ Accountability ☐ Clear instruction
☐ Encouragement ☐ Challenging workouts
☐ Technique coaching ☐ Education / understanding why
☐ Flexibility around injuries or schedule ☐ Progress tracking
☐ Other

Is there anything from a previous gym, trainer, coach, or exercise experience that you really liked?

_____

_____

Anything you definitely don't want repeated?

_____

_____

What else should your coach know about you?

_____

_____

_____

SECTION II - PARTICIPATION, POLICIES & CONSENT

CLIENT ACKNOWLEDGMENTS

4. Cancellation & Payment Policy

Scheduling & Cancellations

Personal Training and Semi-Private Training sessions must be cancelled or rescheduled no later than 5:00 PM on the day before the scheduled session.

Small Group Training reservations require at least 24 hours' notice for cancellation.

Cancellations received after the applicable deadline and missed sessions (no-shows) will be charged as a completed session.

The Workshop understands that unexpected circumstances occur. Any exception to the cancellation policy is at the discretion of The Workshop.

Payment

Training is billed according to the client's scheduled monthly training plan and the applicable rate. Known travel or schedule changes should be communicated before billing so the scheduled session count can be adjusted when appropriate.

Coach Cancellations

If The Workshop or your coach needs to cancel a scheduled session, the session will be rescheduled and you will not be charged for the cancelled session.

Client Acknowledgment

I have read and understand The Workshop's scheduling, cancellation, and payment policies and agree to these terms.

Client Name: _____

Signature: _____

Date: _____

SECTION II - PARTICIPATION, POLICIES & CONSENT

5. Informed Consent, Assumption of Risk & Release of Liability

PLEASE READ CAREFULLY. THIS AGREEMENT AFFECTS IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO BRING CERTAIN CLAIMS FOR NEGLIGENCE.

Nature of Training

I understand that services and activities offered by The Workshop - Boulder may include personal training, semi-private training, small group strength and conditioning, resistance exercise, cardiovascular conditioning, bodyweight exercise, free weights, machines, bands, mobility work, conditioning equipment, warm-ups, cool-downs, movement instruction, and other forms of physical activity.

Training may occur at The Workshop - Boulder's training facility, in areas associated with or used in connection with the facility, outdoors, or at other locations where The Workshop - Boulder conducts training, events, or related activities.

Risks of Participation

I understand that physical exercise and strength and conditioning activities involve inherent and other risks, whether activities are supervised or unsupervised.

These risks may include, among other things, muscle soreness, strains, sprains, fractures, falls, collisions, loss of balance, equipment-related injury, injury caused by weights or other objects, aggravation of a known or unknown injury or medical condition, abnormal blood-pressure or heart-rate responses, dizziness, fainting, cardiovascular events, and, in rare circumstances, permanent disability, serious injury, or death.

I understand that not every risk can be anticipated, eliminated, or specifically described in advance.

Health Information & Communication

I represent that the health and training-readiness information I have provided is accurate and complete to the best of my knowledge.

I agree to tell my coach about relevant changes in my health, medications, injuries, symptoms, medical restrictions, pregnancy or postpartum status, or healthcare recommendations that could affect my ability to exercise safely.

I agree to promptly tell my coach if I experience pain, dizziness, faintness, unusual shortness of breath, chest discomfort, unusual weakness, or another symptom that causes concern during training. I understand that I may decline or stop an exercise or activity at any time.

Scope of Coaching

I understand that The Workshop - Boulder and its trainers provide fitness, exercise, strength, conditioning, and related coaching services.

Unless separately qualified and expressly acting within an applicable professional scope of practice, The Workshop - Boulder and its trainers do not provide medical diagnosis, medical treatment, physical therapy, or other licensed healthcare services.

I understand that information or instruction provided by a trainer is not a substitute for evaluation, diagnosis, treatment, or advice from a qualified healthcare professional. I understand that I am responsible for obtaining appropriate medical advice when needed and for following medical restrictions or recommendations communicated to me by my healthcare providers.

5. Informed Consent, Assumption of Risk & Release of Liability (continued)

Voluntary Participation & Assumption of Risk

I voluntarily choose to participate in training and related activities offered by The Workshop - Boulder.

I understand the nature of these activities and knowingly and voluntarily accept and assume the inherent and other risks associated with my participation, including risks that may result in property damage, bodily injury, serious injury, disability, or death.

I understand that my decision to participate is voluntary and that I may choose not to participate in a particular activity.

RELEASE OF LIABILITY - PLEASE READ CAREFULLY

TO THE FULLEST EXTENT PERMITTED BY COLORADO LAW, I RELEASE AND AGREE NOT TO HOLD LIABLE MUSCLES WITH MANLY LLC, D/B/A THE WORKSHOP - BOULDER, AND ITS OWNERS, MEMBERS, MANAGERS, EMPLOYEES, TRAINERS, COACHES, CONTRACTORS, AGENTS, AND REPRESENTATIVES (COLLECTIVELY, THE "RELEASED PARTIES") FROM CLAIMS FOR BODILY INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR RELATED TO MY PARTICIPATION IN TRAINING OR RELATED ACTIVITIES, INCLUDING CLAIMS CAUSED BY THE ORDINARY NEGLIGENCE OF A RELEASED PARTY.

I understand that this release includes claims alleging that a Released Party failed to exercise reasonable care in connection with training or related activities, including, as applicable, claims involving instruction, supervision, selection or use of exercise equipment, organization of training activities, or conditions within areas controlled by The Workshop - Boulder and used for training or related activities.

I understand that by signing this agreement, I am giving up the right to bring certain legal claims that I otherwise might be entitled to bring, including certain claims based on the ordinary negligence of a Released Party.

This release is intended to apply only to the fullest extent permitted by Colorado law. It does not release claims based on willful or wanton conduct, intentional misconduct, or any other liability that cannot lawfully be released by agreement.

Emergency Assistance

If The Workshop - Boulder staff reasonably believe that I require emergency assistance, I authorize them to contact emergency medical services and to provide or obtain reasonable emergency assistance consistent with their training and the circumstances.

I understand that The Workshop - Boulder does not guarantee the availability or outcome of emergency care and that I am responsible for costs associated with medical evaluation, emergency transportation, or treatment provided to me.

Governing Law & Severability

I understand and agree that this agreement will be governed by the laws of the State of Colorado.

If any provision of this agreement is determined to be invalid or unenforceable, I intend the remaining provisions to remain effective to the fullest extent permitted by law.

Acknowledgment

I acknowledge that I have had the opportunity to read this agreement in full and ask questions before signing.

I understand that physical training involves risks and that this agreement contains an assumption of risk and release of liability that affects important legal rights.

I understand that I am not required to participate in training if I do not wish to accept these terms.

I represent that I am at least 18 years old and am legally capable of entering into this agreement.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I AM SIGNING IT VOLUNTARILY, AND THAT I UNDERSTAND I AM RELEASING CERTAIN CLAIMS, INCLUDING CERTAIN CLAIMS ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASED PARTIES.

Client Name: _____

Signature: _____

Date: _____

6. Photo & Video Consent

The Workshop - Boulder may occasionally take photographs or video during training sessions, classes, events, or other activities. Whenever reasonably practicable, clients will be notified before photos or video are taken.

Photos and video may be used to showcase The Workshop - Boulder, its training environment, and its community through social media, The Workshop - Boulder's website, digital or printed marketing, and other promotional materials.

Please Select One

- ☐ YES - I CONSENT. I authorize The Workshop - Boulder to photograph and/or record me and to use identifiable photographs or video of me for marketing and promotional purposes.
- ☐ NO - I DO NOT CONSENT. I do not authorize The Workshop - Boulder to use identifiable photographs or video of me for marketing or promotional purposes.

Choosing not to provide photo/video consent will not affect my ability to participate in training at The Workshop - Boulder.

I may change my preference at any time by notifying The Workshop - Boulder in writing. Any change will apply to future photography, recording, and use where reasonably practicable and may not affect materials previously published or distributed with my authorization.

Client Name: _____

Signature: _____

Date: _____

Thank you for taking the time to complete your paperwork. Please update The Workshop - Boulder if information relevant to your health, safety, or participation changes.